in consultation with the Institute and the Ministry of Human Resource Development.

13. Patliputra Medical College & Hospital, Dhanbad

Central Technical Team of the MoHFW evaluated the patliputra Medical College and Hospital; Dhanbad, on 10-12th August, 2006. Central team observed that there are large gaps in the Patliputra Medical College & Hospital (PMCH) both in terms of infrastructure and manpower resources. It was felt that it would be difficult to upgrade the medical institution with the available resources to a satisfactory level of super speciality.

The GOI has suggested to State Government to consider Ranchi Institute of Medical Sciences (RIMS), Ranchi, as the alternative, which had initially been selected. The State Government is yet to respond.

Adverse impact of healthcare tourism

*265. SHRI B.K. HARIPRASAD: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have as a policy, acquiesced with many States promoting healthcare tourism causing a drain on scarce medicare resources both in infrastructure and doctors/paramedics badly needed to provide basic healthcare to the locals; and

(b) whether private investment in health sector attempts to provide medicare to rich and elite including foreign tourists which would deprive the right of the poor Indians for basic medicare at affordable costs?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) and (b) Many States are promoting themselves as destinations for Health Tourism. These focus primarily on the rejuvenating techniques of Indian Systems of Medicine especially of Ayurveda. Specialized medical healthcare facilities available in the private sector in India are also being used by patients from foreign countries. The influx of tourists to such State generates increased demands for these services resulting in creation of additional infrastructure, employment generation, development of man-power and building up of foreign exchange reserves. Private investment in the Health Sector is made primarily on market considerations except the investment made by the charitable and

philanthropic institutions/organizations. Despite this, the private sector plays an important role in providing basic health care services in the country.

Notwithstanding the above, the Government is committed to increasing expenditure in health sector from current level of 0.9% of GDP to 2-3% of GDP over the next five years through the National Rural Health Mission to improve basic health care services for the common man.

Committee on AIIMS

*266. SHRI VIJAY J. DARDA:
SHRIMATI SHOBHANA BHARTIA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether four-member committee constituted by the Centre to study the functioning of the AIIMS has submitted its report to Government;

(b) if so, what are the main recommendations made by the Committee;

(c) whether with an aim of reducing patient load in its main hospital AIIMS, Government are considering setting up of ten new super-specialities, self-sufficient centres like AIIMS in the country;

(d) what are the places where these centres are likely to be set up; and

(e) by when these centres would start functioning?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) to (e) A Committee under the chairmanship of Dr. M.S. Valiathan, consisting of Shri P.K. Hta, the then Secretary (H&FW) Dr. M.K. Bhan, Secretary, Department of Biotechnology and Dr. R.K. Srivastava, Director General of Health Services as Members was constituted to study the functioning of AIIMS and to make recommendations for further development of the institute. The Committee has submitted its report, which is under consideration of the Government.

The committee has, *inter alia*, made the following recommendations:

(1) AIIMS should develop a mission statement reflecting priorities which should be education, research and services like great medical universities so that pressure for expansion of hospital services do